



Agency Information

Contact Name	Telephone Number	Fax Number
Agency	E-mail Address	Is your agency affiliated with the mortgage servicer? Yes No <i>(required)</i>
How did you hear about PFI?		

Financial Institution Information

Name of Financial Institution	Term Desired 3 months 6 months 1 year	Effective Date
Financial Institution Address	Property Address	
Financial Institution City/State/County/Zip	Property City/State/County/Zip	
Property Description <i>(please provide a brief description of property)</i>	Is this a Fannie Mae or Freddie Mac Loan? <i>(required)</i> Yes No	
Outstanding Loan Balance <i>(if "lender-placement" coverage)</i>	Insured Limit Desired <i>(if REO coverage)</i>	Year Built

Premises Information

Lender-Placed	In Foreclosure	REO	Other	<i>If "Other", please explain:</i>
Is property vacant? <i>(if yes, provide reason)</i> Yes No				
If building is/will be undergoing renovations during the insured term, advise the extent:				
Describe area of location Commercial Residential Urban Rural Industrial			General Condition of the building: New Good Fair Poor	
Any existing damage, fire or otherwise?				
Construction Type <i>(choose one)</i> Frame Joisted Masonry Non-combustible Masonry Non-combustible Modified Fire Resistive Fire Resistive				
Square Footage of Building	Number of Stories	Free Standing Yes No	Fencing Yes No	
Are regular checks made to the premises? Yes No	If yes, how often?			Is building boarded? Yes No
Protective Safeguards: Yes No	Central Station Fire Alarm Yes No	Central Station Burglar Alarm Yes No		Protection Class Code of Property
Utilities Operational? Yes No	Operational Sprinklers? Yes No			Fire Department? Paid Volunteer
Have there been any property losses in the past 3 years? <i>If Yes, describe (in detail) any losses and amount paid in the last 3 years.</i>		Yes	No	

Updates to the structure during the last 15 years *(roof, wiring, plumbing)*

Additional Mortgagee Name/Address *(if any)*

Former Carrier/reason for cancellation of borrower's coverage:

Any back taxes owed or property liens on building? *(if yes, describe)*

Yes **No**

STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another person, who files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. This application becomes a part of the insurance policy if bound. I have read and fully understand the above information, as well as answered the questions to the best of my knowledge.

NOTE: If you are an individual or private investor seeking insurance coverage, you will need to work with a licensed P&C agent in the state where the property is located in order for PFI to provide an insurance quote. Please indicate at the top of the KwikRisk application your licensed insurance representative. If you do not have an agent, please indicate this on the form and we will provide a list of licensed agents in your area.

Should coverage bind, I agree to receive policies and endorsements in PDF form via email which should be sent to (name) _____ at the following email address: _____ I will provide written notice if this contact person/email address changes. I also agree to receive invoices and other correspondence via email in the regular course of business.

Authorized Client Signature *(Required)*

Date

Signed application required for coverage to be bound.